MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Broy

CERTIFICATE OF DEATH

11495

Rev. Dist. No. 355

1. PLACE OF DEATH: County XV O Q C S T D Q	2. USUAL RESIDENCE (HOME) OF DECEASED; (For newborn infants give residence of mother)
City or town	State MARYLAND County WORCESJER.
How long in above place of death?	City or lows (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. S. MAIN
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, namo war
3. (a) FULL NAME	3. (b) Social Security Number
BESSIE DUANE BEAUC	
4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE WIDOW	20. DATE OF DEATH 11-39 1945 at 9 1.M
8.(6) Namo of husband or wife. THEODORE F. BEAUCHAMP.	21. I CERTIFY that doubt occurred on the date above stated: that I attended deceased from
	19 10 11
7. Birth dato of deceased (mo., day, yr.) MAY24, 1875	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death BURATION BURATION
70 6 5	evious Myscardiles
8. Birthplace DAMES 2 JARTER MD. (Town, county, and state)	Duo to.
10 Usual occupation HOUSEWIFE	
	Due to
11. Industry or business 12. Name. ISAAC JODD.	
	Other conditions
	(Include pregnancy within 3 months of death)
E 14. Malden name EMILY SCOTT	Majur fiedings of operations.
14. Malden name EMILY SCOTT 15. Birthplace MARYLAND	Date of op.
16 Interment MRS, CHARLES RICHARDSON	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address BEKLINI, MID	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (3 U R /) L Bate thereof (month) (day) (year)	Accident, suicide, or homicide
h 2. 20 (0 E C)	
	Where did injury occur?
Location 13 ER LIN, MD	Injured at home, farm, industry, public place (where?)
18. Funeral director Anna A. Binbage	Moans of Injury Injured at work?
Address Berlin md.	01-8 18 0. 1-11
AUTUTESS	23 SIGNATURE M. D. or other
1,12-3 1,45 Helen I! Haywa	10 M. D. or other
(Date rec'd by registrar)	11 Address Date signed 1

TABLE OF THE STATE OF THE STATE

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4341

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Worcester		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
County	7 \$ +++	State Maryland co		er
County Worcester Pocomoke City or town (If outside city or town limits, write) Row long in above place of death? 70 year	RURAL and give nearest town)			
How long in above place of death? 70 year	<u>S</u>	City or town Pocomoke Ci (If outside city or town limit	is, write RURAL and give no	earest town)
Hospital, Institution, or street address where death occurre		Street No. Hickor	ry Street	
			e LOCATION)	
How long in hospital or institution?	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security	Number
Elizabe	th Jane Bonnevi	ille	None	
4. Sex 5. Color or race 6.(a)Sing	ie, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female White	Widowed	20. DATE OF DEATH Novembe	N 10 1945	4200
6.(b) Name of husband or wife Henr	y T. Bonneville	21. I CERTIFY that death occurred on the date ab	pove stated; that I attended dec	eased from
		Jun 30 19	-13 to	19.
7. Birth date of Dog ombon 6		and that I last saw halive on	77	19.44
deceased (mo., day, yr.) 8. AGE: Years Months Days	If less than one day	Immediate cause of death	***************************************	DURATION
75 11 4	hrs. min.	(8.0)	***************************************	100.4
9. Birthpiace Rej Grange-Worc (Town, county, and	es ter-maryrand	Due in the control of	441-1-6	3 4
10. Usual occupation. House wife				
		Due to		
11. Industry or business Elas Wm Edward Ben	nett			
工 12. name		Dther conditions	»····	
₹ 13. Birthpiace Girdletree, M	aryranu	(Include pregnancy within 3	months of death)	
E 14. Maiden name Charlotte Ell	en kitchie	Major findings of operations		
14. Maiden name Charlotte Ell 15. Birthplace Snow Hill, Ma Mrs. Bessie Sp	ryland	Magarian and Special S		
16. Informant Mrs. Bessie Sp	arrow	Antopsy results		
Address 317 W. 31st St	Norfolk. Va.	PHYSICIAN: Please underline the cause to w	which death should be charged	d statistically.
		22. VIOLENCE: If death was due to external ca	iuses, fill in the following:	
17. Burial Date the (Burial, cremation, or removal, Which?)	(month) (day) (yesr)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Salem Metho	dist Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location Pocomoke Ci	ty, Maryland	Injured at home, farm, industry, public place (v	where?)	*******************************
18. Funeral director H. Harvey B		Means of Injury	injured at work?	
	ty, Maryland	7m	2	
0 - 1- (1 3 N/ A	23.SIGNATURE.	M. D	. or other
(Date rec'd by registrar)	une O J Nelle Registrar	Address Jacque Ms 1	Date signed	11/11/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18-8

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Worces W.	(For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town)	State Mangland County World Lee .
(If outside city or town limits, write RURAL and give nearest town)	City or town Mewark R. I.D.
How long in above place of death? 50 Mg. Land	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death ofcurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Chnew S. Dowen.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Surle	11 -12- 45 36
	20. DATE OF DEATH.//
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	1-1-19261945,1011-17 1840
7. Birth date of years	and that I last saw h. Lanalive on 11-16
deceased (ma., day, yr.) Och. 1, 1893.	Immediate cause of death
8. AGE: Years Months Days If less than one day	acute Pulmonary Duberalors
5 2 1 16min.	
N 1	7
9. Birthplace (Town, county, and state)	Due to
7	
10. Usual occupation	Due to
11. Industry or business	
12. Name Samuel J. Bowen	Other conditions
12. Name Samuel I Bowen	
	(Include pregnancy within 3 months of death)
E 14. Malden name	Major findings of operations.
14. Malden name Elle B Bowen 15. Birthplace Manyland	Date of op.
Son D M A.	
16. Informant Office Control of C	Autopsy results
Address newark ond	
17 Secret 11/20/45-	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Bate thereof (month) (day) (year)	Accident, suicide, or homicide. Bate of
Cemetery or crematory. 15 University	Where did injury occur?
me me ale med	Injured at home, farm, Industry, public place (where?)
Location Levante	Means of injury Injured at work?
18. Funeral director. Duna V. Surbage	Means or white
Address Beilin M.	-1:11 Eal 1 #
AUDITESS	23. SIGNATURE Classer & Carlot
10 1/201 10 45 LEKON Severth	M. D. and M. D. and other
(Date rec'd by registrar) Registrar	Address Date signed 1/19/43



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 49-F



11499

	TE OF DEATH Reg. Dist. No. 350
1. PLACE OF DEATH: Orcester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town limits, write RURAL and give nearest town) Street No.
How long in hospital or institution?	(If rurul, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME Connie R. Dic	Leerson 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale Coloud married	20. DATE DE DEATH MOVEMBER 10 19 45 at 1 Pm
6.(b) Name of husband or wife 6.(c) If alive, give age 5 years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
69 4 26nin.	70
9. Birthplace occombined (Town, county, and state)	Due to. areing Mines
10. Usual occupation	Due to.
11. Industry or business 12. Name Pohn Robbins	Dther conditions
13. Birthplace Maryland	(Include pregnancy within 3 months of death)
14. Maiden name. Mary Salore. 15. Birthplace Maryland	Majur findings of operations. Date of op.
18. Informant Basses The Bearson	Autopsy results
Address Windle October 17 Burish Date thereof How 14-1985	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Location Runal Proconstant Tond.	Injured at home, farm, Industry, public place (where?)
18. Funeral director B. J. a.	Meens of injury Injured et work?
Address Pacomoha mil.	63. SIGNARD 6. C. altorius
19. Mar. 14. 1945 Anni Ox Shelle Registrar	Address Oceanote City Date signed 24

NOV 19 1945

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 93-7 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) 1. PLACE OF DEATH: information carefully of death clearly and How long in above place of death?..... Mospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING MARGIN RESERVED FOR 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years 1D. Usual occupation 11. Industry or business important. 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden name. Major findings of operations..... 15. Birthplace PHYSICIAN: Please underline the cause to which death should he charged statistically. Address -22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... WRITE Where dld injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Means of Injury Address

DEC 8 1945

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-0/

CERTIFICATE OF DEATH

11501 • Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County	(For newborn infauts give residence of mother)	
(If outside city or town limits, write RURAL and give nearest town)	State County Alex Strales	****
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	****
Hospital, institution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	10000
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Harry Stevenson Venry	no	
4. Sex 5/Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	-0
male a.g. moned	20. DATE OF DEATH. 19 45 at 3 5	PM
8.(6) Name of husband or wite. Lelana U. Shlanky	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
Decad 8.(c) It alive, give age ne years	9-77 18 45 to 11-28 19 45	5
7. Birth date of	and that I last saw h. Lyn, alive on 11-27 19.4	45
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death	
o. Ada.	3 day	2
short 3 8 min.		
9. Birthplace (Town, county, and state)	Que to Ne Phritis 27716	V
10. Usual occupation the Commen		
11. Industry or business Same as always	Oue to	
12. Name Harry Henry 13. Birthplace Potelis And	Other conditions	
	(Include pregnancy within 8 mouths of death)	
14. Maiden name Affilia Pitto 15. Birthplace Bulius and	Major findings of operations.	
E 15. Birthplace / Olllers and	Qate ot op.	
18, Interment Dairy Hinry	Autopsy results.	
Address Bellin and	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
n variable (a	22. VIOLENCE: It death was due to external causes, fill in the following;	
(Burisl, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cometery or cremetory Hummana	Where did injury occur?	
Location Sugarafragant sond Man Bulis	Injured et home, farm, industry, public place (where?)	
1 () I ma	Means of injury	
18. Funeral Offector And All All All All All All All All All Al	100/1	
Address Saleshury Ind	St. Feer all has)
12 2 Les Telan F. Varietan	P3. SIGNATURE M. D. or other	h4
(Date rec'd by registrar)	Address 800 7 Mais Date signed 11-29-	-41

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y. The correct age d legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

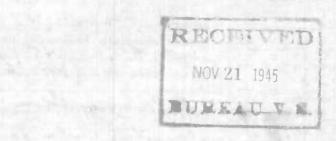
2411 N. Charles St., Baltimore 95.2

11502

CERTIFICATE OF DEATH

Reg. Dist. No. 357

1. PLACE OF DEATH, MALO,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	and I have
City or town	State III assistand county I Milled the
	City or lown (If ontside city or town limits, write RURAL and give nearest town)
Now long in above place of death? Hospital, institution, or street address where death occurred:	
	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Incolore ///woum	ul 1074
4. Sex 5. Color or race 6.(a) Single married, Aidowed, or divorced	MEDICAL CERTIFICATION
Malo Varland Quedles	20. DATE OF DEATH 1 Oremen 17 19.45 at 3 30
- May Guilling String	20. DATE OF DEATH 19.463 at
6.(6) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Sept 4 19.45, 10 Nov. 17 19.54.5
7. Birth date of	and that I last saw hear ally on her last saw her last saw hear ally on her last saw her last sa
deceased (mo., day, yr.) / / / / / / / / / / / / / / / / / / /	Immediate cause of death
+ 1/	aute Pulmoury Edema 4 days
A A A A A A A A A A A A A A A A A A A	
9. Birthplace Survey fill Mucha My	Due to Caracatare Carchae farlura La Mos
n, county, and state)	
10. Usual occupation Thymly	Due to Phenmatic Heart Vliseage 4 3/5
11. Industry or business	
12 Name Miraley Mylhouns	Other conditions
12. Name Mitteland Many and	
1 1 100 100	(Include pregnancy within 8 months of death)
14. Maiden name Muccliad Malus 15. Sirthplace A Mary and	Major findings of operations.
15. 9irthplace) / Mary and	Date of op.
Khurdan mollarma	Anlepsy results
1 21.00 Show Burnlitt	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Show fello, my may fr	22. VIOLENCE: If death was due to external causes, fill in the following;
17 9 Sunde Date thereof 40V, 19148	Accident, suicide, or homicide
(Burla, cremation, or removal, Which) (Burla, cremation, or removal, Which)	
Cemetery or crematory	Where did injury occur?
Location Justin X May My	Injured at home, farm, Industry, public place (where?)
Along Manual.	Means of Injury Injured at work?
18. Funeral director.	0,11111
Address Snow Mill Mill	23. SIGNATURE I Short for La Mar My
11/19/ 45 8 F S. Kinth	M. D. or other
19	Address Sugar Hill Date eigned 11-17-4-5



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MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore BI-



CERTIFICATE OF DEATH

	Reg. Dist. 110.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants, we residence of mother)	4 4
County	State Maryland County Work	elet
City or fown(If outside city or town limits, write RURAL and give nearest town)	City or tewn Paccase	************
How long in above place of death?	outside city or town limits, write RURAL and give	nearest town)
nospital, institution, or street audiess where death accorded.	Streef No	
How long in hospital or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME Letter Q Gold	1. (b) Social Securi	ity Number
4. Sex. 5. Color or race 8.(a)Single, married vidowed, or divorced	MEDICAL CERTIFICATION	
Temele white Widowed		5.430'P
Stuber Cutter	21. I CERTIFY that death occurred on the date above stated; that attended d	leceased from
B.(b) Namo of husband or wife	July 7 19 16 5, 10 None	7 19 41
7. Birth dale of	and thet I last saw hallve on	19
deceased (mo., day, yr.)	Immediate sause of death	DURATION
8. AGE: Years Months Days IT less than one day		P > - A
D D W to see		
9. Birthplace (Town, county, and state)	Oue to	9.80
10. Usual occupation.		
11, Industry or business	Due to	••••••
	Other conditions	
12. Name		
	(Include pregnancy within 8 months of death)	
14. Malden name 7 15. Birthplace 77 2	Major findings of operations	
15. Birthplace	Date of op	
16. Informant Harry & willen	PHYSICIAN: Please underline the cause to which death should be char	ged statistically.
Address Pacotroke ma.	22. VIOLENCE: If death was due to external causes, fill in the following;	
17. Build Blick Date thereof March (197) (1997)		
(Burial, cremation, or removal, Which?) (month) (day) (year)	where did injury occur? (City or town) (Connty)	(State)
Cemetery or crematory		
Location Committee Tild	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Margarette VI Water	Meens of Injury Injured at work?	
Address Pocomoke me	milen	
nos 12 45 anno E White	23. SIGNATURE M.	D, or other
(Dato rec'd hy registrar) Registr	ar Address Determine the lang Date sign	ned 20 - 41

NOVIA 1945

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 15/20

CERTIFICATE OF DEATH



115.4

18. Funeral director. Address Anomalia Mag. 23. SIGNATURE. La Man, N.P.	CERTIFICAT	Reg. Diat. No.
Row lang in shorp loc of death? Reprint Septid Septi	O'IVIVACIA I BI	(For newborn infants give residence of mother)
Rev long in above place of death? Street No. Control	City or town Source Hill Dunce #1	State Life State County Della State
Street 16 Stre	How long in above place of death?	City of town
Roy long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 23. (c) Social Security Number 23. (d) Social Security Number 23. (d) Social Security Number 23. (d) Social Security Number 23. (e) FULL NAME 3. (b) Social Security Number 23. (e) Social Security Number 23. (e) Social Security Number 23. (f) Social Security Number 23. (e) Full Social Security Number 23. (f) Social Security Number 24. (f) Social Security Number 24. (f) Social Security Number 25. (f) Social Security Number 26. (f) Social Security Number 27. (f) Social Security Number 28. (f) Social Security Number 29. (f) Social Security Number 20. (f) Social Security Number 21. (f) Social Security Number 22. (f) Social Security Number 23. (f) Social Security Number 24. (f) Social Security Number 25. (f) Social Security Number 26. (f) Social Security Number 27. (f) Social Security Number 28. (f) Social Security Number 29. (f) Social Security Number 20. (f) Social Security Number 21. (f) Social Security Number 22. (f) Social Security Number 23. (f) Social Security Number 24. (f) Social S	Hospital, Institution, or street eddress where death occurred:	
3. (d) FULL NAME 3. (d) FOLL NAME 3. (d) Social Security Number 230'-14-10'45 MEDICAL CERTIFICATION 25. (a) Single, married, widewed, or diversed MEDICAL CERTIFICATION 26. (a) Single, married, widewed, or diversed MEDICAL CERTIFICATION 27. Birth data of deceased (me., day, yr.) 28. AGE: Verr 19. Burle of DeATH Cloyde, county, and state) 19. Burle of DeATH Cloyde, county, and state) 19. Burle of death Due to Constitute Constitute 19. Burle of death Due to Constitute 19. Burle of death Differ conditions 19. Burle of death Major Sudiagr of operations Date of op. Address Due to Constitute 19. Burle of death Date thereof (County) Completely or results, personation, or respectal, wijebing 19. Burle of death should be charged statistically, accident, suicide, or homicide 19. Burle of death should be charged statistically, accident, suicide, or homicide 19. Burle of death should be charged statistically, accident, suicide, or homicide 19. Signature 29. Signature 20. Signature 20. Signature 20. Signature 20. Signature 20. Signature 20. Si		
4. Set 8. Color or rece 8. Color or rece 8. Color or rece 8. Color or rece 9. Color or rece 10. Color		2.(a) If veteran, name war
Major findings of operations. 1.	3. (a) FULL NAME	3. (b) Social Security Number 230-14-1045
E(b) Name of husband or wife. Classification Classifi	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Birth dale of deceased (mo, day, yr.) 8. AGE: Years Mifeth: Days If less than one day Immediate cays of death DUBATION 8. Birthplace DUBATION Due to Dubation Due to Dubation 11. Industry or business Diber conditions Due to Dubation Due to Dubation 12. Name Diber conditions Diber conditions Due to Dubation Due to Dubation 13. Birthplace Dubation Dubation	male tooloug married	20. DATE OF DEATH 1845, 11 999.
7. Birth dale of deceased (mo., day, yr)	B.(6) Name of husband or wife of Olice (Slasons)	
8. AGE: Years Byths Days If less than one day		1
8. Birthplace 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant Address 17. Bare findings of operations. 18. Birthplace 19. Washington or removal. Which? 19. Date thereof. 10. Usual occupation. 10. Usual occupation. 11. Bushington 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant Antiopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. 16. Funeral director. 17. Funeral director. 18. Funeral director. 19. Funeral director. 19. Funeral director. 19. Funeral director. 10. Funeral dir		
B. Birthplace Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Malden name. 15. Birthplace 16. Informant. Address Date of op. Date thereof by the thereof		Sulle Pulluoran Edeva 3 mps
Due to	- Housemille Marke Consoling	Due to Congestive Cardiae Cailine 1 year.
12. Name	Extra - DA	
12. Name		Due to
14. Malden name 14. Malden name 15. Birthplace 16. Informant 16. Inf	71/1	Bibar anadillana
15. Birthplace Major findings of operations Bate of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury injured work?	E 13. Birthplace Montas Plandina	
Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of	14. Malden name. Imbusyor	(Include pregnancy within 8 months of death)
Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 2. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Date of	15. Birthplace	
Address Dell Market Modern But thereof 2 + 5 - Date thereof 2 + 5 - (Buylial, cremation, or removal, Which?) Cemetery or crematory Market Modern Mod	Main delle	
22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	11 Will mod 12. 11/1	
Cemetery or crematory Where did injury occur? (City or town) (County) (State) Location Injured at home, farm, industry, public place (where?) Means of injury injured of work? Address 23, SIGNATURE 23, SIGNATURE	13-2 115-	22. VIOLENCE: If death was due to external causes, fill in the following;
Location Injured at home, farm, Industry, public place (where?) Means of Injury Injured of work? Address Anoully Injured of work? 23, SIGNATURE 23, SIGNATURE	(Bufial, cremation, or removal, Which?) (month) (day) (year)	
Location Injured at home, farm, Industry, public place (where?) Means of Injury Injured of work? Address Anoully Injured of work? 23, SIGNATURE 23, SIGNATURE	Cemetery or crematory	Where did injury occur?
Address Smouthille M.G. 23, SIGNATURE Death L. La Man, N.P.	Location Description The Little of Light of	Injured at home, farm, industry, public place (where?)
Address Snow Helle Mg 23, SIGNATURE Last le La Man, N.P.	18. Funeral director. Legisland Samuel	Means of Injury Injured Work?
	Noth Jung	23 SIGNATURE () heat le La Mar, Ny.
19. (Date fee'd by registrar) 1940 Registrar Address Santo Will Date signed 1-28-4	19. ///2-9/ 1945 Fetoy Smith (Date rec'd by registrar) Registrar	M, D, or other

